

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31720

**Entity Name:** ANTIOCH CEMETERY MEMORIAL FUND, INC.

**FILED**  
**Feb 23, 2017**  
**Secretary of State**  
**CC1657509942**

**Current Principal Place of Business:**

C/O TERRY MCDAVID  
178 SE HERNANDO AVE.  
LAKE CITY, FL 32025

**Current Mailing Address:**

C/O TERRY MCDAVID  
178 SE HERNANDO AVE.  
LAKE CITY, FL 32025 US

**FEI Number: 30-0652361**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCDAVID, TERRY  
178 SE HERNANDO AVE.  
LAKE CITY, FL 32025 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            CELLON, WILLIAM E JR.  
Address        P.O. BOX 77  
City-State-Zip: LA CROSSE FL 32658

Title            TREASURER, DIRECTOR  
Name            COLSON, MARY LOUISE  
Address        PO BOX 177  
City-State-Zip: LACROSSE FL 32658

Title            SECRETARY, D  
Name            HARRIS, JEAN C  
Address        PO BOX 52  
City-State-Zip: LA CROSSE FL 32658

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM E CELLON JR**

**PRESIDENT/DIRECTOR**

**02/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date